

The liver like the lungs and other internal organs, is liable to take on acute or subacute inflammation, and like other inflammations, is generally ushered in with some degree of shivering, and the other symptoms of pyrexia, with pain more or less acute in the right hypochondrium, frequently extending up to the clavicle and shoulder of that side most usually, which is much increased by pressing upon the part. From the great size of this organ, however, and its contiguity of surface with so many other important parts, the seat and kind of pain vary so considerably, as often to occasion some doubt as to the real viscus affected. The pain is very often in such a part of the side as to make it appear like that of pleurisy, and frequently like that too is increased on respiration. This disease is in some instances, also, attended with a cough which is commonly dry but sometimes humid. There is oppression of breathing and a difficulty of lying except on the affected side; the intestines are generally inac-

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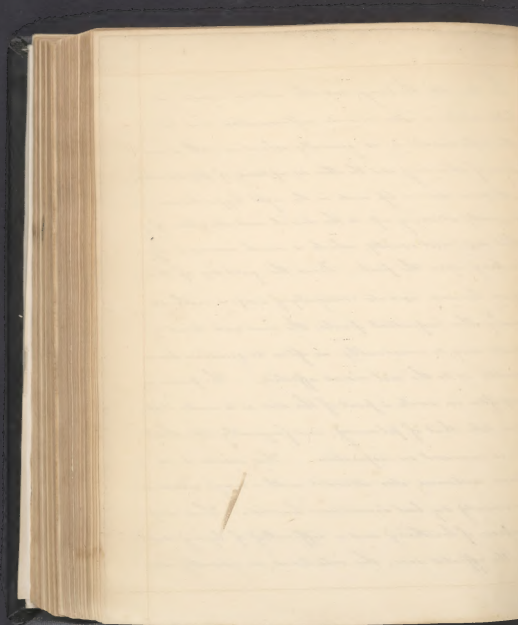
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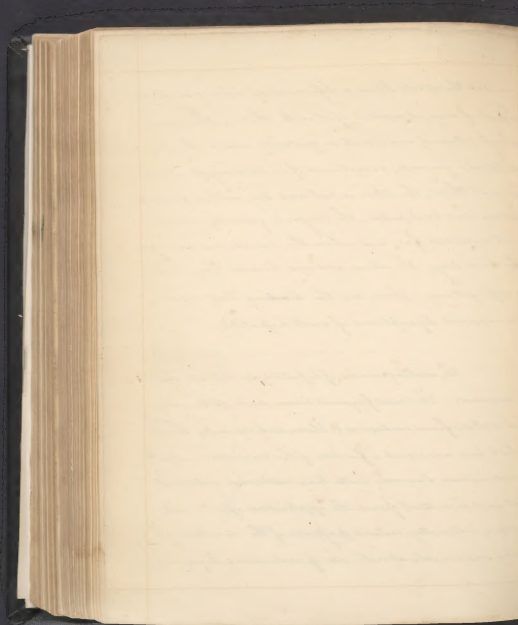
live, and the stools show a deficiency of biliary secretion, instead of any admixture of it with them; the urine is high coloured and small in quantity, and a heat or scalding is generally complained of in voiding it; there is great thirst; the skin is hot and dry, with a frequent strong, and hard pulse; the tongue is generally covered with a whitish fur; and when the disease has continued for some days, the skin and eyes become tinged of a deep yellow. These are the leading and most prominent symptoms of acute hepatitis.

The exciting causes of hepatitis are not always to be discerned. — The most frequent causes seem to be, external violence from contusions or blows, and especially those which have occasioned a fracture of the cranium; violent exercise, intense summer heats, long continued intermittent and remittent fevers, the application of cold externally or internally, certain passions of the mind, high living, and an intemperate use of inebriating liquors,



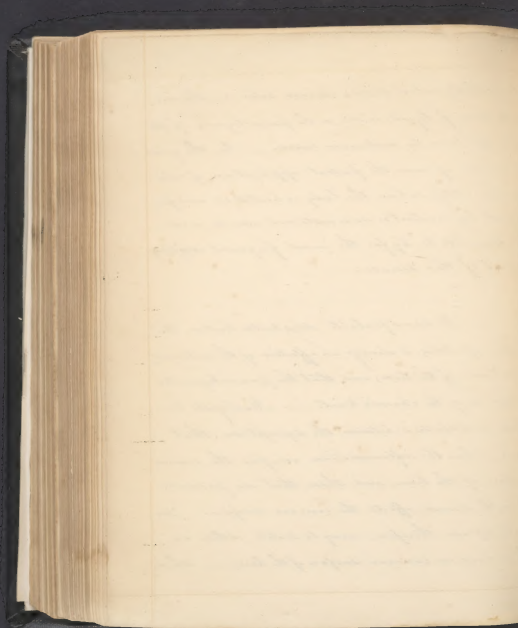
particularly ardent spirits; various solid concretions or collections of liquid matter in the parenchyma of the liver, produced by unknown causes. — In the great number of cases the partial application of cold or humidity, when the body is heated, or over fatigued by violent or unaccustomed exercise, will be found to be by far the most frequent exciting causes of this disease.

"It seems probable," says Doctor Cullen, "that acute hepatitis is always an affection of the external membrane of the liver; and that the parenchymatous disease is of the chronic kind." — Nosologists have made a distinction between the symptoms that occur, when the inflammation occupies the convex surface of the liver, and those that are present, when the disease affects the concave surface. The acute disease, therefore, may be seated, either on the convex or concave surface of the liver. — When



the inflammation occupies the superior or convex surface of the liver a more frequent pain, difficult respiration, and cough are produced; and when the inflammation is seated on the inferior or concave surface, which lies contiguous to the stomach and duodenum, there occurs less pain; but there is more sickness and vomiting.

At the very commencement, the diagnosis of this disease, from inflammation of any contiguous part is not of very material consequence, since the speedy reduction of vascular excitement, by copious venesection, is our main dependence in either disease. But in the choice of cathartic medicines, some discrimination is necessary. — Those who personally witness the effects of purgative medicines on the fecal discharges, will entertain no doubt of the power which particular medicines possess of causing the evacuation of

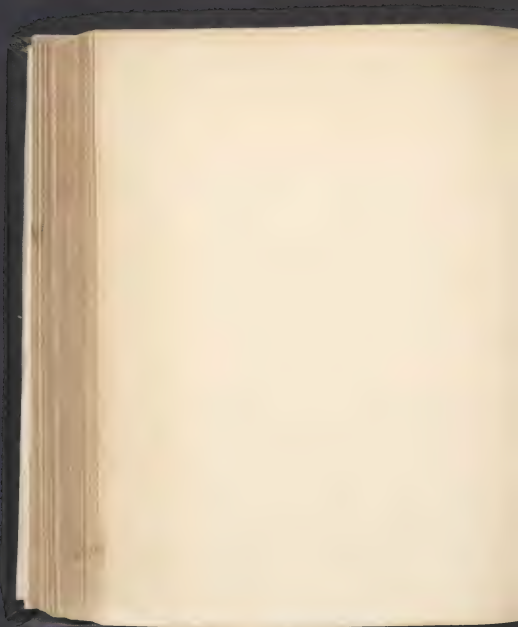


particular fluids, apparently from their disposition to act on certain sets of secreting, or excreting vessels. — On this account it is very desirable to ascertain inflammation of the liver, especially of its glandular structure, and to distinguish it from that of surrounding organs. — This disease then may be distinguished from pneumonia, by the pain in the former extending into the shoulder; by the cough being unaccompanied by expectoration; by the less degree of dyspnoea, and by the pain in inspiration not being so much aggravated in hepatitis, as in pulmonary inflammation; and it may also be remembered, that, whereas the cough is at least equal with the pain in pneumonia, it generally surmounts it in hepatitis. — It is distinguished from gastritis, by the stomach being able to retain whatever liquids and medicines are received into it; and by its not being accompanied, with that



capillary circulation

The symptoms of suppuration are not at
all, however, very obvious. The most striking of
them are a diminution of pain a sense of protection
and of relief in the right hypochondrium, which
by either lying on the left side frequently throwing
upwards, an accession of pain towards the umbilicus
with flattening of the umbilicus, a propensity to
profuse sweating, and the symptoms of putrefaction.
When this disease has ended in suppuration the
abscess may burst into the hepatic duct, and then
the matter carried off by the bile etc. or it may
very often to some of the neighbouring parts and
the discharge of the pus after suppuration may be
various according to the different state of the abscess.
If the abscess be to the front, leaving the
peritoneal cavity the pus may make its way
through, the walls of the abscess, and in this

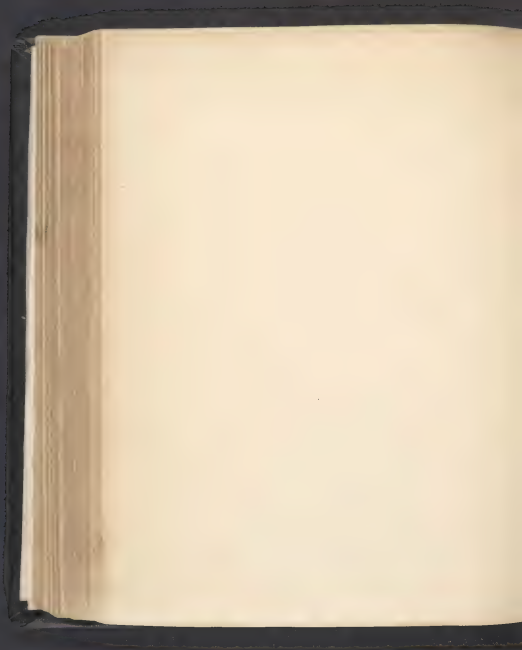


thrust colonially, or of the intestine it will have
been to the diaphragm the first may penetrate
through these into the cavity of the thorax, or of the
lungs and through the latter be discharged by the
trachea. Sometimes the stomach forms adhesions
with the stomach, or much closer with the intes-
tines generally the lower end of the colon is
the most common and through these adhesions
the matter is discharged into them easily, and
concealed either by vomiting or by stool.

The prognosis may be known by the
intensity of the symptoms.

Treatment

During the relief and inflammation stage
of acute peritonitis one should adopt general
binding, purgatives, the quantity which is
taken away, to the severity of the pain and
the degree of fever that is present, and repeating the



should be very soon again if the symptoms do not
gradually abate and the inflammation seems apt to
subside. — As long as the pulse remains full
and strong and the pain in the side permanent
blood letting is the only remedy on which we
can rely. After venesection we should perse-
veringly with the Hydragogue Saline, and
in its action by jalap, and a strong infusion
of Senega, holding Opium as Coleridge calls in
solution.

These steps being taken we may recom-
mend the application of cups or leeches to the
region of the liver; and if the symptoms
do not abate, in consequence of these means,
a large blister, applied over the region of the
liver, will be likely to prove serviceable.*

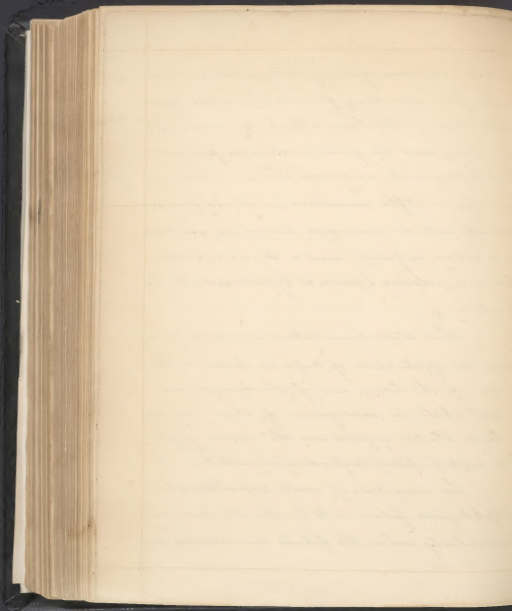
In every case of acute hepatitis, the
antiphlogistic plan is to be strictly pursued
particularly when the febrile symptoms are

* The plates are not decorated with ornament
except on the

high, and endanger a termination in suppuration.

As in other inflammatory affections, the antimonials are exhibited for the purpose of promoting secretion, reducing action, and producing a degree of softness and moisture upon the skin, which may be aided by a free and plentiful use of detuting liquids. —

After the inflammation has been sufficiently reduced by bleeding and active purging, it will be the safest practice, to remove the disease entirely, by a gentle mercurial ptygalism, to be continued for some time.



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on
Acute Hepatitis
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